

## King County Termination of Marriage/Domestic Partnership Statement

- Submit this form to document a divorce or end of a domestic partnership.
- Does this change require an update to your insurance beneficiaries? If so, submit an Insurance Beneficiary Update Form, too.
- Return all forms to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle WA 98104-2683 (phone 206.684.1556/fax 206.684.1925).

### ■ Check one of the following boxes

- ☐ The termination is due to the dissolution of our marriage Date: \_\_\_\_\_
- ☐ The termination is due to the termination of our domestic partnership Date: \_\_\_\_\_
- ☐ The termination is due to the death of my spouse/domestic partner Date: \_\_\_\_\_

### ■ COBRA notification address

Provide the address of the deleted spouse/domestic partner (if living) so COBRA information can be mailed as required by law.

Spouse/DP Printed Name \_\_\_\_\_

Spouse/DP Soc Sec No \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### ■ Authorization

*I (employee) affirm the affidavit of marriage/domestic partnership attested to and signed by me with my former spouse/domestic partner is terminated as of the date indicated above. I understand I must submit this statement of termination to King County and mail a signed copy to my surviving former spouse/domestic partner within 60 days of the termination or my former spouse/domestic partner will not be given COBRA election rights. I certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.*

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Paid ☐ 5<sup>th</sup> & 20<sup>th</sup> each month Pay ID No \_\_\_\_\_ Soc Sec No \_\_\_\_\_

☐ Every other Thursday